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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* NONE *XS*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *YES*  
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IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
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Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR  COUNTRY NETHERLANDS	SHEETS  DRAWING 1	TOTAL  CLAIMS 4	INDEPENDENT  CLAIMS 2
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>XS</i>				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

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TITLE  
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